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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/50 (02-01)

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	8325-2001.30
First Named Inventor	CHOO et al.
Original Patent Number	6,007,988
Original Patent Issue Date (Month/Day/Year)	Dec. 28, 1999
Express Mail Label No.	EV 036 419 911 US

APPLICATION FOR REISSUE OF:

(Check applicable box)

 Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/ SB/ 56)
(Submit on original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449
 - Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:
.....
.....

18. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Labelor Correspondence address below

Name	20855		
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Country	Telephone		

NAME (Print/Type)	Dahna S. Pasternak	Registration No. (Attorney/Agent)	41,411
Signature	<i>Dahna S. Pasternak</i>	Date	27 Dec 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
8325-2001.30

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 41	Total Claims (37 CFR 1.16(j))	(B) 74	33 =	x \$ 42 =		or	x \$ 84 =
(C) 4	Independent claims (37 CFR 1.16(l))	(D) 6	2 =	x \$ 9 =			x \$ 18 =
				Basic Fee (37 CFR 1.16(h))	\$ 370		\$ 740
				Total Filing Fee	\$	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	74	MINUS	42	= 32	x \$ 42 =		x \$.84 =	\$ 2,688
Independent Claims (37 CFR 1.16(l))	6	MINUS	6	= 0	x \$ 9 =			x \$ 18 = -0-
					Total Additional Fee	\$		OR \$ 3,428.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account No. 18-1648
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 3,428.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

27 Dec 2001
Date

Signature of Applicant, Attorney or Agent of Record

Dahna S. Pasternak

Typed or printed name

Atty Dkt No. 8325-2001.30
Client No. G1-US3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Reissue Patent Application of:

CHOO et al (U.S. Patent No. 6,007,988)

Serial No.: Unassigned

Group Art Unit: 1636

Filing Date: Herewith

Examiner: William Sandals

Title: RELATING TO BINDING
PROTEINS FOR RECOGNITION
OF DNA

CERTIFICATE OF MAILING BY EXPRESS MAIL

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Express Mail Mailing Label No.: EV 036 419 911 US

Date of Deposit: 27 December 2001

I hereby certify that the enclosed Reissue Application, Preliminary Amendment, Declaration by Inventors, 3.73(b) Certificate, Consent of Assignee, Power of Attorney by Assignee, and check for \$3,428 are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Susan LaMont
Susan LaMont